



Division of Consolidated Laboratory Services Internship Application

Complete the following application information.

Name: _____ **Date:** _____

Permanent address: _____

City: _____ **State:** _____ **Zip code:** _____

Current address (if different from Permanent address): _____

City: _____ **State:** _____ **Zip code:** _____

Phone number: (____) _____ **Email address:** _____

College or University attending: _____

Degree program: _____

Expected graduation date: _____

Cumulative undergraduate GPA: _____ **Cumulative graduate GPA:** _____

Students seeking academic credit only, complete this portion: Information about the Program Director or Internship Coordinator at your College/University

First and Last Name: _____ **Job Title:** _____

Phone Number: _____ **Email Address:** _____

Possible Internship Project Areas at DCLS:

- *Biomonitoring*
- *Clinical Microbiology*
- *Emergency Preparedness (biological and/or chemical)*
- *Environmental Microbiology and/or Chemistry*
- *Food Microbiology/Food Safety*
- *Immunology/Virology*
- *Infectious Disease Pathogen Detection*
- *Informatics*
- *Molecular Subtyping*
- *Newborn Screening*
- *Quality Assurance/Auditing*

Area(s) of Interest (please list all areas of interest): _____

Applicant Name: _____



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Answer the following questions. Use an additional sheet of paper numbered accordingly if more space is required.

- 1. Describe any experiences or training that you have received that would benefit your performance during this internship (i.e. laboratory experience, course work, or specialized training).*

- 2. Describe your professional goals as they relate to public health.*



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3. *What disciplines or techniques are you most interested in learning during an internship at DCLS?*

4. *Please describe additional information you would like for DCLS to consider when reviewing your application.*

Mail completed application packet ON OR BEFORE MARCH 15th, 2016 to:

***Division of Consolidated Laboratory Services
Attn: Internship Committee
600 North 5th Street,
Richmond, VA 23219***

Applications postmarked after MARCH 15th, 2016 WILL NOT BE CONSIDERED

Applicant Name: _____